



## EMPLOYEE INJURY/ILLNESS REPORT

### EMPLOYEE INFORMATION

Date: 04/29/20	Date Hired: 01/09/08	Sex: M
Employee Name: Robbin G. Miller	SS# [REDACTED]	
Department: Lynchburg Police Department	Date of Birth: [REDACTED]	
Position Title: Detective		
Home Address: [REDACTED]	Home Phone #: [REDACTED]	Work Phone #: 434.455.6160

### INCIDENT INFORMATION

Date of incident: 04/28/20	Time Employee Shift Began: 3:00pm
Years/Months of Service: 12 yrs 4 mos	Time of Incident: 10:08pm
Location of incident: 1503 Kemper St, Lynchburg, VA	

**What was the employee doing before the incident occurred? Describe the activity, tools and equipment in use, be specific.** Making an arrest of several person obstructing / resisting

**What happened? Tell how the injury occurred.** While arresting a female, another female grabbed me from behind (assaulting an officer) and during the struggle I fell to the ground striking my elbow on the sidewalk

**What was the injury or illness? Part of body affected and how.** Right elbow

**What object or substance directly harmed the employee? Tool, equipment, vehicle, etc.**  
 Sidewalk

<b>Personal Protective equipment in use?</b>	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
If yes, please describe.		
Report for reporting purpose only?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
First Aid treatment?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Medical treatment?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Lost Time From Work/Restricted Duty	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Employee hospitalized overnight?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No

For injuries requiring medical attention, a provider from the City of Lynchburg Panel of Physician's must be seen for treatment of all work related injuries. Which provider did you use?

☐ Physician's Treatment Center ☐ Health Works ☐ Lynchburg General Emergency Room

Employee Signature <u>[Signature]</u>	Date <u>04/29/20</u>
Supervisor Signature <u>[Signature]</u>	Date <u>4/30/2020</u>
Supervisor's Name (Print) <u>Sgt. Ronald Coleman</u>	Contact # <u>434.455.6169</u>

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD OR DECEIVE THE CITY OF LYNCHBURG, FILES ANY ACCIDENT

**SUPPLEMENTAL INFORMATION**

**Additional Information:** Sgt. B. Isner advised of injury on scene at time of occurrence. Sgt. B. Williams (supervisor in my office) notified today and advised to leave this form on Sgt. R. Coleman's desk for signature on morning of April 30, 2020.

Injury does not appear to be serious requiring any treatment. Report made for purposes of having it documented should injury become problematic in future. Photos were taken.